leave him, being assured, that with the facts in possession to refute his mis-statements, and expose his mis-doings, the business of this ill-starred hospital, and of its hopeful founder, will shortly receive from them a settlement for ever.

I am, Sir,
Your obedient, humble servant,
J. AYRE.

14, Somerset St., Portman Sq.
June 16, 1830.

MR. GALE.

To the Editor of THE LANCET.

SIR,—On my return last week from the country, I had the pleasure of perusing a letter in your Journal from Mr. Beechey, the secretary of the Western Hospital; and in reply to the statement that his services at the hospital were purely honorary and gratuitous, and that the account he furnished was for mere disbursements out of his own pocket, as well as to let the public know the acquisition they will have in Mr. Beechey becoming secretary to another institution, I beg to enclose you a copy of his account furnished, as well as the report* of the auditors, this day laid before the governors of the hospital at a public meeting. I shall only observe that those auditors were appointed at the late general meeting held on the 19th inst. Of the exertion and ability of Mr. Beechey in promoting the welfare of the Western Hospital, I leave to your readers to judge. Mr. Beechey must have strangely misconcieved my meaning, when he supposes I designed to compliment him by the vote of thanks for the reduction of his bill; I only intended to protect the hospital, by having the fact entered on the minutes, and such policy I am sure your readers will approve, when they remember that the secretary was a lawyer. The items in Mr. Beechey's bill relating to the mandamus and counsel should not be charged to the hospital account.

I am, Sir,
Yours obediently,
CHARLES GALE.

Broadway, Westminster,
June 14, 1830.

Copy of Mr. W. N. Beechey's Bill.

1829.	£.	s.	d.
Jan. 8.—Paid stationer for copying rules and regulations	1	3	6
May 6.—Ditto .. do. .. do., case as to mandamus, eight sheets	0	8	8
——— Paid fee to Mr. Pollock with case, and clerk	4	6	6
May 9.—Ditto .. do. .. on conference.....	2	7	0
May 9.— Paid postages in same matter	0	3	6
May 27.—Paid stationer for copy of lease, with plan in margin, from Porter to Vincent, 5 bfts.	0	5	6
July 9. — Ditto for engrossing lease and counterpart from Bagent, fo. 23.....	0	9	4
——— Parchment and stamps ..	3	10	0
——— Fee to Mr. Booth to settle the same.....	1	3	6
——— Ditto .. do... do... Vincent lease.....	2	4	6
——— Paid stationer for engrossing lease and counterpart of lease from Vincent, 2 skins ..	0	16	0
——— Paid for stamps and parchment.....	6	10	0
——— Paid for a tin-box for the books and papers of the hospital	1	15	0
	£25	8	0
Mandamus expenses..	£12	7	8
Leases	33	0	0
	£45	7	8

* Will be published next week.—ED. L.

ON

PARACENTESIS THORACIS.

By JAMES CARSON, M.D., *Liverpool.*

THE operation of paracentesis thoracis, or of tapping in hydro-thorax, as it is usually performed, is not only of no advantage, but is attended even with so much additional distress and danger, that it is now rarely recommended. But the want of success in this case, is, I think, to be ascribed chiefly to the manner in which the operation has hitherto been performed.

The operation, if performed in the following manner, would, I think, be attended with perfect safety, and with great relief.

Let a tube be provided, of glass or any metallic substance, of a few feet in length. The top of this tube must be of a few lines in diameter, rounded and perforated by several holes on the top or around the neck. The tube must have such an opening at the other end or bottom, as can easily be plugged so as to exclude air or water. This tube is to be filled with water, plugged at the bottom and placed, vertically so as to continue full.

The operator is next to decide upon the rib between which the communication with the cavity of the thorax is to be made; the point at which the opening can best be made is, perhaps, between the sixth and seventh ribs, and half way between the sternum and

the spine. The lower in the chest the opening is made the better, provided there is no risk of interfering with the diaphragm. The integuments of the chest, covering this point, are to be drawn upwards, and retained in that situation. The part of the integuments, now covering the spot at which the opening is to be made into the chest, is to to be dissected downwards until the intercostal muscles are reached. An incision, sufficient barely to admit the top of the tube, which should be somewhat conical and bent, is to be made through the muscles and pleura costalis. Care must be taken that the pleura pulmonalis be not wounded; but of this, I think, at this stage of the operation, there will be little danger, as the lung must, to a considerable extent, be collapsed, and the pleura pulmonalis must have receded to a distance from the ribs. The top of the tube is instantly to be inserted in such a manner that no water can escape from the chest, or air be admitted into it. The integuments of the chest, which had been drawn upwards, are now to be allowed to assume their natural position, and are to be pressed upon by the fingers, so that no air can find a passage along the outside of the tube into the cavity of the thorax. The tube must be placed vertically, or perpendicularly to the horizon. The bottom of the tube is to be inserted into a bason-full of water, and, in that situation, the plug is to be removed from its lower end. The water in the tube will then be pressed downwards by a weight which will be directly as the height of the tube. But it is evident that no water could be discharged from the lower end of the tube until an equal quantity had been admitted through the orifices at the top. It is further evident that as a fluid enters the tube at the top, the lung must expand as the space occupied by the fluid diminishes. It is perfectly evident that if the tube be sufficiently long and no other substance have access into the interior of the tube, except the fluid contained between the pleuræ, that this fluid will continue to be discharged, and the lung continue to expand until the pleura pulmonalis shall have come into contact with the pleura costalis. When this effect is produced, that is, when the water has all been discharged, the tube is to be withdrawn. The admission of air, which at this stage would be destructive to the operation, is to be prevented by pressure, by plasters and bandaging. The lung being now distended beyond its natural condition, and making a strong effort to collapse, will draw the sides of the obliquely-directed passage together; and thus making a valve of those sides, will greatly help to exclude the air. The wound will in these circumstances soon heal by the first intention. The other side is to be treated in the same manner, either immediately, or after an interval, as may appear best to the operator.

The reason why the end of the tube which enters the chest should be rounded, or blunt, is, that if sharp, when the lung is dilated so as to approach the chest, the pleura pulmonalis might be perforated. The bad consequences of such an occurrence are evident.

The degree of relief to be obtained by the successful performance of this operation, and the permanency of that relief, must vary according to the nature of each case, and can only be ascertained by experience.

If the operation should be practicable, and I see no reason why it should not, the repetition of it, on the same subject, would not, I think, be attended with that debility which is induced by tapping in ascites.

The great object of the operation is to remove the fluid contained between the pleuræ, without admitting in its place air or any other substance. Whether any means more effectual may be devised for accomplishing this object, than those which I have proposed, I will leave to the skilful surgeon to ascertain.

Liverpool, June 11, 1830.

THE LANCET.

London, Saturday, June 19th, 1830.

THE KING.

"Windsor Castle, June 11.

"The King experienced rather less difficulty in his respiration yesterday. His Majesty has had a good night."

"Windsor Castle, June 12.

"The King continues less embarrassed in his respiration. His Majesty passed another good night."

"Windsor Castle, June 13.

"The King has been less incommoded than *usual* in his respiration, and His Majesty has passed a good night."

"Windsor Castle, June 14.

"The King passed yesterday very comfortably. His Majesty has not had a good night, but his respiration remains more free."

"Windsor Castle, June 15.

"The King has passed a very good night. His Majesty's respiration continues very easy, and he feels better."

"Windsor Castle, June 16.

"His Majesty has passed another good night, and continues to find his respiration less impeded."

"Windsor Castle, June 17.

"The King has slept well. His Majesty's respiration continues less embarrassed."